

Massage Work Permit Application

Applications must be completed in full and submitted to Revenue in person between the hours of 8:00 am and 5:00 pm, Monday through Friday. Submit the completed application with a government-issued picture I.D., completed "Affidavit Verifying Lawful Presence Within the United States," and payment in the amount of \$50.00.

- *City work permits are required for all on-premises owners, managers or supervisors who are in charge of managing the massage establishment as required by the City and who do not otherwise hold a license issued under Article IX of Chapter 10 of the Code of the City of Dunwoody, and massage therapists not possessing a state-issued massage therapist license who desire to engage in the business, trade or profession of massage therapy or manage a massage and/or spa establishment. A work permit does not authorize an individual to perform any activity requiring state licensure.*

I. Applicant Name: _____ Social Security Number: _____ - _____ - _____
Last Name First Name MI
Gender: (Check One) ☐ Male or ☐ Female Maiden, Married, Alias or Other Names Used: _____
Date of Birth: ____/____/____ Driver's License Number: _____ State Issued: _____
Race: _____ Birthplace: (City, State & Country) _____
Phone: _____ Email Address: _____
(Check One) ☐ Mobile or ☐ Home

II. **Address Information** – list all home addresses over the past five (5) years; use the back of this sheet if more space is needed.

Current Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

Previous Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

Previous Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

III. **Have you been arrested and/or convicted for a misdemeanor or felony within the past five (5) years?**

(Check One) ☐ Yes or ☐ No If yes, please explain below:

IV. **Establishment Name & Street:** _____

Applicant Signature: _____ **Date:** _____